

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 10/180047	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1					51		
2						52		
3						53		
4						54		
5						55		
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43						93		
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45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	2					Total Indep		
Total Depend	10					Total Depend		
Total Claims	12					Total Claims		